

NOTICE: Operators of all boats are REQUIRED BY SECTION 30.67, Wis Stats.:

1. To give notice of a boating incident as soon as possible to a conservation warden or local enforcement officer whenever an incident results in loss of life, injury, boat or property damage in excess of \$2,000, or complete loss of a boat; and
2. To submit a written report **within 10 days** to the department of Natural Resources.

SEND COMPLETED REPORT TO:

Wisconsin Department of Natural Resources
Boating Section – LE-5
Box 7921
Madison, WI 53707-7921

Pursuant to Section 30.67(4), Wis Stats., this report may not be used as evidence in any trial.

INSTRUCTIONS: Complete pages 2, 3 and 4. Listed below are explanations for some of the questions on this form.

Water Conditions:	Calm (Waves < 6") Choppy (6" – 2') Rough (2' – 6') Very Rough (> 6') Strong Current	Water smooth with little wave action. Small wave action occurring. White caps are becoming visible. White caps are becoming prevalent with strong wave action. Large and active wave action.
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Wind Conditions:	Light (0-6 mph) Moderate (7 – 14 mph) Strong (15 – 25 mph) Storm (over 25 mph)	No wind to rustle leaves. Enough wind to move small branches. Enough wind to move large branches. Difficult to walk against the wind.
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Operator Experience: Estimate the total hours of experience you have operating a boat.

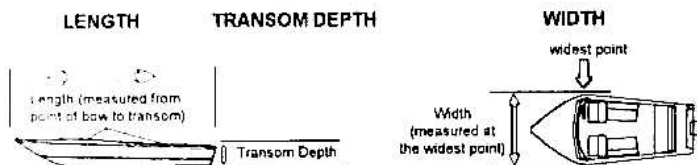
MFG Hull ID Number: Hull identification number found on the starboard (right) side of the transom (back of the boat) and is at least a 12 digit number. An example would be ABC456781272.

Boat Number: Boat registration number or, in the case of a federally documented vessel, the document number. An example of a Wisconsin boat registration is WS 1234 BD.

Expiration Date: The date the registration (the decal) expires.

Type of Boat:	Auxiliary Sail Sail (only) Rowboat Personal Watercraft	A sailboat equipped with a motor. A sailboat or sailboard with no motor. A small boat propelled by oars. A motorboat that uses an inboard motor powering a water jet pump or caged propeller as its primary source of motive power and that is designed to be operated by a person standing on, kneeling on or sitting astride the watercraft. (e.g. jet ski, wave runner, etc.)
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Construction:



Be sure to sign the last page of this form.

The Department of Natural resources thanks you for completing and mailing this form. Personally identifiable information on this form is not intended to be used for any other purpose.

BOAT OPERATOR INCIDENT REPORT

Form 4100-20 (Rev. 11/04)

DNR Number		F. Warden <input type="checkbox"/>
C.G. Number		W. Super <input type="checkbox"/>
		RSW <input type="checkbox"/>

In completing this report, DO NOT fill in the shaded areas; these will be completed by the Department of Natural Resources.

INCIDENT INFORMATION					
Number of Boats in Incident: Complete Loss of Vessel? <input type="checkbox"/> Y <input type="checkbox"/> N Disappearance of Person Indicating Injury or Death? <input type="checkbox"/> Y <input type="checkbox"/> N			Injuries Requiring Medical Treatment? <input type="checkbox"/> Y <input type="checkbox"/> N Death Related to Incident? <input type="checkbox"/> Y <input type="checkbox"/> N If yes, number:		
Property Damage (Estimated)					
This Boat: \$		Other Boats: \$		Other Property: \$	
Date of Incident	Day of Week	Time of Day <input type="checkbox"/> am <input type="checkbox"/> pm	Name of Body of Water	Location	
Nearest City or Town			County		State WI

WEATHER																
Weather (Check all applicable) <input type="checkbox"/> Clear <input type="checkbox"/> Rain <input type="checkbox"/> Cloudy <input type="checkbox"/> Fog <input type="checkbox"/> Snow <input type="checkbox"/> Hazy	Water Conditions <input type="checkbox"/> Calm (Waves < 6") <input type="checkbox"/> Choppy (6"-2') <input type="checkbox"/> Rough (2'-6') <input type="checkbox"/> Very Rough (>6') <input type="checkbox"/> Strong Current	Temperatures Air: °F Water: °F	Wind <input type="checkbox"/> None <input type="checkbox"/> Light (0-6 MPH) <input type="checkbox"/> Moderate (7-14 MPH) <input type="checkbox"/> Strong (15-25 MPH) <input type="checkbox"/> Storm (Over 25 MPH)	Visibility <table border="0"> <tr> <td>Day</td> <td></td> <td>Night</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Good</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td>Fair</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td>Poor</td> <td><input type="checkbox"/></td> </tr> </table>	Day		Night	<input type="checkbox"/>	Good	<input type="checkbox"/>	<input type="checkbox"/>	Fair	<input type="checkbox"/>	<input type="checkbox"/>	Poor	<input type="checkbox"/>
Day		Night														
<input type="checkbox"/>	Good	<input type="checkbox"/>														
<input type="checkbox"/>	Fair	<input type="checkbox"/>														
<input type="checkbox"/>	Poor	<input type="checkbox"/>														

TYPE OF INCIDENT	CONTRIBUTING FACTORS				
Check all applicable. If more than one, number the choices in order of their occurrence <table border="0"> <tr> <td> <input type="checkbox"/> Grounding <input type="checkbox"/> Capsizing <input type="checkbox"/> Flooding/Swamping <input type="checkbox"/> Sinking <input type="checkbox"/> Fire or Explosion (Fuel) <input type="checkbox"/> Fire of Explosion (Other) <input type="checkbox"/> Skier Mishap <input type="checkbox"/> Collision with Vessel <input type="checkbox"/> Collision with Fixed Obj. </td> <td> <input type="checkbox"/> Collision with Floating Obj <input type="checkbox"/> Fall Overboard <input type="checkbox"/> Fall in Boat <input type="checkbox"/> Struck by Boat <input type="checkbox"/> Struck by Motor/Propeller <input type="checkbox"/> Struck Submerged Object <input type="checkbox"/> Hit and Run <input type="checkbox"/> Other (specify) </td> </tr> </table>	<input type="checkbox"/> Grounding <input type="checkbox"/> Capsizing <input type="checkbox"/> Flooding/Swamping <input type="checkbox"/> Sinking <input type="checkbox"/> Fire or Explosion (Fuel) <input type="checkbox"/> Fire of Explosion (Other) <input type="checkbox"/> Skier Mishap <input type="checkbox"/> Collision with Vessel <input type="checkbox"/> Collision with Fixed Obj.	<input type="checkbox"/> Collision with Floating Obj <input type="checkbox"/> Fall Overboard <input type="checkbox"/> Fall in Boat <input type="checkbox"/> Struck by Boat <input type="checkbox"/> Struck by Motor/Propeller <input type="checkbox"/> Struck Submerged Object <input type="checkbox"/> Hit and Run <input type="checkbox"/> Other (specify)	Check all applicable. If more than one, number choices in order of importance. <table border="0"> <tr> <td> <input type="checkbox"/> Weather <input type="checkbox"/> Excessive Speed <input type="checkbox"/> Improper Lookout <input type="checkbox"/> Restricted Vision <input type="checkbox"/> Overloading <input type="checkbox"/> Improper Loading <input type="checkbox"/> Hazardous Waters <input type="checkbox"/> Alcohol Use <input type="checkbox"/> Drug Use <input type="checkbox"/> Failure to Vent <input type="checkbox"/> Improper Anchoring <input type="checkbox"/> Sharp Turn <input type="checkbox"/> Standing/ Sitting on Bow <input type="checkbox"/> Gunwales, Transom </td> <td> <input type="checkbox"/> Careless/ Reckless Operation <input type="checkbox"/> Hull Failure <input type="checkbox"/> Machinery Failure <input type="checkbox"/> Equipment Failure <input type="checkbox"/> Operator Inexperience <input type="checkbox"/> Operator Inattention <input type="checkbox"/> Congested Waters <input type="checkbox"/> Passenger/ Skier Behavior <input type="checkbox"/> Dam/Lock <input type="checkbox"/> Lack of or Improper Boat Lights <input type="checkbox"/> Rules of the Road Infraction <input type="checkbox"/> Ignition of Spilled Fuel or Vapor <input type="checkbox"/> Starting in Gear <input type="checkbox"/> Other (specify) </td> </tr> </table>	<input type="checkbox"/> Weather <input type="checkbox"/> Excessive Speed <input type="checkbox"/> Improper Lookout <input type="checkbox"/> Restricted Vision <input type="checkbox"/> Overloading <input type="checkbox"/> Improper Loading <input type="checkbox"/> Hazardous Waters <input type="checkbox"/> Alcohol Use <input type="checkbox"/> Drug Use <input type="checkbox"/> Failure to Vent <input type="checkbox"/> Improper Anchoring <input type="checkbox"/> Sharp Turn <input type="checkbox"/> Standing/ Sitting on Bow <input type="checkbox"/> Gunwales, Transom	<input type="checkbox"/> Careless/ Reckless Operation <input type="checkbox"/> Hull Failure <input type="checkbox"/> Machinery Failure <input type="checkbox"/> Equipment Failure <input type="checkbox"/> Operator Inexperience <input type="checkbox"/> Operator Inattention <input type="checkbox"/> Congested Waters <input type="checkbox"/> Passenger/ Skier Behavior <input type="checkbox"/> Dam/Lock <input type="checkbox"/> Lack of or Improper Boat Lights <input type="checkbox"/> Rules of the Road Infraction <input type="checkbox"/> Ignition of Spilled Fuel or Vapor <input type="checkbox"/> Starting in Gear <input type="checkbox"/> Other (specify)
<input type="checkbox"/> Grounding <input type="checkbox"/> Capsizing <input type="checkbox"/> Flooding/Swamping <input type="checkbox"/> Sinking <input type="checkbox"/> Fire or Explosion (Fuel) <input type="checkbox"/> Fire of Explosion (Other) <input type="checkbox"/> Skier Mishap <input type="checkbox"/> Collision with Vessel <input type="checkbox"/> Collision with Fixed Obj.	<input type="checkbox"/> Collision with Floating Obj <input type="checkbox"/> Fall Overboard <input type="checkbox"/> Fall in Boat <input type="checkbox"/> Struck by Boat <input type="checkbox"/> Struck by Motor/Propeller <input type="checkbox"/> Struck Submerged Object <input type="checkbox"/> Hit and Run <input type="checkbox"/> Other (specify)				
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OPERATOR & OWNER INFORMATION					
Operator's Name			Owner's Name (if different from Operator)		
Address			Address		
City, State, Zip		Telephone Number	City, State, Zip		Telephone Number
Date of Birth	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Operator's Experience <input type="checkbox"/> None <input type="checkbox"/> Under 100 Hours <input type="checkbox"/> More than 100 Hours	Instruction Received in Boating Safety <input type="checkbox"/> State Course <input type="checkbox"/> U.S. Power Squadron <input type="checkbox"/> USCG Auxiliary <input type="checkbox"/> American Red Cross <input type="checkbox"/> None		

BOAT INFORMATION				
Boat Rented <input type="checkbox"/> Unknown <input type="checkbox"/> Yes <input type="checkbox"/> No	Number of Persons on Board	Number of Persons Being Towed	Boat Manufacturer	Mfg. Hull ID Number
Boat Number	Expiration Date	Boat Name	Model of Boat	Boat Location after Incident
Type of Boat <input type="checkbox"/> Open Motorboat <input type="checkbox"/> Cabin Motorboat <input type="checkbox"/> Auxiliary Sail <input type="checkbox"/> Sail (only) <input type="checkbox"/> Rowboat <input type="checkbox"/> Canoe/Kayak <input type="checkbox"/> Personal Watercraft <input type="checkbox"/> Pontoon <input type="checkbox"/> Houseboat <input type="checkbox"/> Other (specify)	Hull Material <input type="checkbox"/> Wood <input type="checkbox"/> Aluminum <input type="checkbox"/> Steel <input type="checkbox"/> Fiberglass <input type="checkbox"/> Rubber/Vinyl /Canvas <input type="checkbox"/> Rigid Hull Inflatable	Engine <input type="checkbox"/> Outboard <input type="checkbox"/> Inboard <input type="checkbox"/> Inboard/ Sterndrive (I/O) <input type="checkbox"/> Airboat	Propulsion <input type="checkbox"/> Propeller <input type="checkbox"/> Water Jet <input type="checkbox"/> Air Thrust <input type="checkbox"/> Manual <input type="checkbox"/> Sail	Personal Flotation Devices (PFDs): Was boat adequately equipped with Coast Guard approved PFDs? <input type="checkbox"/> Yes <input type="checkbox"/> No Were PFDs accessible? <input type="checkbox"/> Yes <input type="checkbox"/> No
		Number of Engines Total Horsepower	Fuel <input type="checkbox"/> Gasoline <input type="checkbox"/> Diesel <input type="checkbox"/> Electric	Fire extinguishers on board? <input type="checkbox"/> Yes <input type="checkbox"/> No Were the Extinguishers Used? <input type="checkbox"/> Yes <input type="checkbox"/> No
Construction: Length: Width: Transom Depth: Year Built:				
Capacity Plate Information: Lbs. Number of Persons: Horsepower:				
Operation at Time of Incident (check all applicable) <input type="checkbox"/> Cruising <input type="checkbox"/> Changing Speed <input type="checkbox"/> Changing Direction <input type="checkbox"/> Drifting <input type="checkbox"/> Towing Another Boat <input type="checkbox"/> Being Towed <input type="checkbox"/> Rowing/Paddling		Activity at Time of Incident (check all applicable) <input type="checkbox"/> Sailing <input type="checkbox"/> Launching <input type="checkbox"/> Docking/ Undocking <input type="checkbox"/> At Anchor <input type="checkbox"/> Tied to Dock/ Moored <input type="checkbox"/> Other <input type="checkbox"/> Fishing <input type="checkbox"/> Hunting <input type="checkbox"/> Tournament <input type="checkbox"/> Swimming/ Diving <input type="checkbox"/> Making Repairs <input type="checkbox"/> Water Skiing/ Tubing/etc. <input type="checkbox"/> Racing		
Estimated Speed <input type="checkbox"/> None <input type="checkbox"/> Under 10 MPH <input type="checkbox"/> 10-20 MPH <input type="checkbox"/> 21-40 MPH <input type="checkbox"/> Over 40 MPH				

ALL FATALITIES		
Victim from: <input type="checkbox"/> This boat <input type="checkbox"/> other boat <input type="checkbox"/> no boat Name:	Victim from: <input type="checkbox"/> This boat <input type="checkbox"/> other boat <input type="checkbox"/> no boat Name:	Victim from: <input type="checkbox"/> This boat <input type="checkbox"/> other boat <input type="checkbox"/> no boat Name:
Address:	Address:	Address:
City, State, Zip:	City, State, Zip:	City, State, Zip:
Telephone Number:	Telephone Number:	Telephone Number:
Date of Birth: <input type="checkbox"/> Male	Date of Birth: <input type="checkbox"/> Male	Date of Birth: <input type="checkbox"/> Male
Age: <input type="checkbox"/> Female	Age: <input type="checkbox"/> Female	Age: <input type="checkbox"/> Female
Death Caused by: <input type="checkbox"/> Unknown <input type="checkbox"/> Drowning <input type="checkbox"/> Impact/Trauma <input type="checkbox"/> Hypothermia	Death Caused by: <input type="checkbox"/> Unknown <input type="checkbox"/> Drowning <input type="checkbox"/> Impact/Trauma <input type="checkbox"/> Hypothermia	Death Caused by: <input type="checkbox"/> Unknown <input type="checkbox"/> Drowning <input type="checkbox"/> Impact/Trauma <input type="checkbox"/> Hypothermia
Was the Victim: Prop. Injury? <input type="checkbox"/> Operator <input type="checkbox"/> No <input type="checkbox"/> Passenger <input type="checkbox"/> Yes <input type="checkbox"/> Swimmer <input type="checkbox"/> Waterskier	Was the Victim: Prop. Injury? <input type="checkbox"/> Operator <input type="checkbox"/> No <input type="checkbox"/> Passenger <input type="checkbox"/> Yes <input type="checkbox"/> Swimmer <input type="checkbox"/> Waterskier	Was the Victim: Prop. Injury? <input type="checkbox"/> Operator <input type="checkbox"/> No <input type="checkbox"/> Passenger <input type="checkbox"/> Yes <input type="checkbox"/> Swimmer <input type="checkbox"/> Waterskier
Victim's Swimming Ability: <input type="checkbox"/> Unknown <input type="checkbox"/> Swimmer <input type="checkbox"/> Non-swimmer	Victim's Swimming Ability: <input type="checkbox"/> Unknown <input type="checkbox"/> Swimmer <input type="checkbox"/> Non-swimmer	Victim's Swimming Ability: <input type="checkbox"/> Unknown <input type="checkbox"/> Swimmer <input type="checkbox"/> Non-swimmer
Was a PFD Worn? <input type="checkbox"/> Yes <input type="checkbox"/> No Type:	Was a PFD Worn? <input type="checkbox"/> Yes <input type="checkbox"/> No Type:	Was a PFD Worn? <input type="checkbox"/> Yes <input type="checkbox"/> No Type:

Please double check your report for accuracy.
Pursuant to s. 30.67(4), Wis.Stats., this report may not be used as evidence in any trial.

